

**FORM FOR DEPARTMENT OF ENERGY (DOE) NATIONAL NUCLEAR SECURITY
ADMINISTRATION (NNSA) EMPLOYEES, OTHER GOVERNMENT AGENCIES AND
GOVERNMENT CONTRACTORS REQUESTING ACCESS TO
Y12 NATIONAL SECURITY COMPLEX (YNSC) COMPUTING RESOURCES**

- A. NAME _____ B. PHONE _____ C. UID _____
- D. BADGE NUMBER _____ E. SOC. SEC. NUMBER _____
- F. ADDRESS:
DIVISION NAME _____ E-MAIL NAME _____
ROUTE SYMBOL/ORG. CODE _____ BRANCH NAME _____
BUILDING _____ MAIL STOP _____ ROOM _____
CITY _____ STATE _____ ZIP _____
- G. EMPLOYER/CONTRACTOR: _____
- H. CITIZENSHIP: USA _____ OTHER (SPECIFY) _____
- I. CURRENT CLEARANCE LEVEL:
NONE _____ DOE Q _____ DOE L _____ OTHER US GOVERNMENT AGENCY (SPECIFY) _____
- J. ACCESS REQUEST: I am requesting access to the following "UNCLASSIFIED" YNSC information systems resource(s):
1. ☐ YNSC Domain 2. ☐ YNSC Mail 3. ☐ YNSC-PPP 4. YNSC-VPN (☐ Remote Access, ☐ OnSite)
5. ☐ Other (Specify) _____

NOTE: If VPN is requested, the computer being used must have: 1.) Up to date and active virus software installed (e.g., McAfee, Norton, etc.) , and 2.) Personal Firewall (e.g., ZoneAlarm, BlackICE, etc.).

K. DATES ACCESS IS REQUIRED: Begin: _____ End: _____

APPLICANT RESPONSIBILITY STATEMENT

This access is required in the normal course of my employment or other association with YNSC. I agree to abide by all applicable YNSC procedures and regulations governing these Information System resources. I understand that the Information system(s) for which I am requesting access contain(s) information which is the property of the DOE/NNSA, and that I will treat and protect such information in a manner consistent with its sensitivity and that none of this information will be disclosed to others or retained by me at the end of my employment or other association with YNSC. I also understand that I am responsible for the protection of such information while it is in my possession or control and that the release of said information may be a violation of Federal Laws.

Signature _____

Date _____

YSO DIVISION MANAGER OR CONTRACTING OFFICER REPRESENTATIVE STATEMENT

I have reviewed and concur with the request to access the YNSC information systems resource(s) for the individual named in Section A of this form.

Name _____
(type/print)

Signature _____

Date _____

DOE/IRMD AUTHORIZER STATEMENT

I have reviewed the request to access the YNSC Information Systems resource(s) for the individual named in Section A of this form and approve access to the AIS resources specified in Section J. This access is to be removed as of the end date in Section K.

Name _____
(type/print)

Signature _____

Date _____